DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TREATMENTS FOR NEUROGENETIC DISORDERS, IMPULSE CONTROL DISORDERS, AND WOUND HEALING specification for which

| specification for which | | | |
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| ☐ was filed | | | |
| • | | | dentified specification, including the claims, as |
| • | dment referred to above. | | |
| | | on which is material to natentah | ility of this application in accordance with Title |
| | • | in which is material to patental | mry of this application in accordance with Thic |
| 37, Code of Federal R | , , , , | m: 1 a r r r r r r a c r a r a | |
| • | | | 119 and/or §365 of any foreign application(s) |
| for patent or inventor's | s certificate listed below and ha | ve also identified any foreign a | application for patent or inventor's certificate |
| having a filing date be | fore that of the application on w | hich priority is claimed: | |
| Application Serial No. | Country | Filing Date | Priority Claimed |
| below: | | | iny provisional application(s) for patent listed |
| Serial No. 60/250,113 | N. | Filing Date ovember 30, 2000 | Priority Claimed Yes |
| I hereby clai below and, insofar as application(s) in the m material information as | m the benefit under Title 35, Un the subject matter of each of anner provided by the first parag | ited States Code, §120 and/or § the claims of this application raph of Title 35, United States (leral Regulations, §1.56(a) whi | is 365 of any United States application(s) listed is not disclosed in the prior United States Code, §112, I acknowledge the duty to disclose the became available between the filing date of ion: |
| Application Serial No. | I | Filing Date | Status (Patented, Pending, Abandoned) |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys and agents with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: the registrants of the firm Saliwanchik, Lloyd & Saliwanchik, A Professional Association, 2421 N.W. 41st Street, Suite A-1, Gainesville, FL 32606-6669, Customer ID No. 23,557.

I request that all correspondence be directed to Customer ID Number 23,557.

I further request that all telephone communications be directed to:

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